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(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/716,400

11/21/2000

Yutaka Takeuchi

199861US2S

8258

TITLE OF INVENTION: SHADOW MASK, CATHODE RAY TUBE, METHOD AND APPARATUS FOR MANUFACTURING SHADOW MASK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1330

\$0

\$1330

03/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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KEANEY, ELIZABETH MARIE

2882

313-407000

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- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 OBLON, SPIVAK,
 2 McCLELLAND, MAIER
 3 & NEUSTADT, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KABUSHIKI KAISHA TOSHIBA

Kawasaki-shi, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies -10-

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(Authorized Signature) Joseph A. Scafetta Jr. Reg. No. 26803 (Date) March 4, 2004

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03/08/2004 FMTEK12 00000075 09716400

01 FC:1501
 02 FC:8001

1330.00 OP
 30.00 OP

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